Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE \_\_\_\_ OR SMALL ENTITY. **TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE 370.00 BASIC FEE FOR NUMBER FILED NUMBER EXTRA 740.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= INDEPENDENT CLAIMS. minus 3 = X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY ... (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-**AMENDMENT A** REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR 20 **Total** Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 280= +140= OR TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 NUMBER REMAINING PRESENT TIONAL TIONAL ENDMENT RATE RATE **PREVIOUSLY AFTER EXTRA** FEE -**AMENDMENT** PAID FOR FEE Total O Minus *2* 0 X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280≥ +140= OR TOTAL OR ADDIT, FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-AMENDMENT C REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL AFTER **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE **Total** Minus X\$ 9= **K\$1**8= OR Minus Independent X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*\*If the "Highest Number Previously Paki For" IN THIS SPACE is less than 3, enter "3."

**Application or Docket Number ECORD** 

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Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |   |               |                                |              |                  | SMALL ENTITY TYPE |             |                        | OR        | OTHER THAN<br>OR SMALL ENTITY |                         |  |
|--|--|---|---------------|--------------------------------|--------------|------------------|-------------------|-------------|------------------------|-----------|-------------------------------|-------------------------|--|
| TOTAL CLAIMS   |  | 17  |               | ,                              |              |                  | ATE.              | FEE         | 1                      | RATE      | FEE                           |                         |  |
| FOR  |  | NUMBER FILED                              |               | NUMB                           | NUMBER EXTRA |                  | C FEE             | 355.00      | OR                     | BASIC FEE | 710.00                        |                         |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | ) 7 minus 20= |                                | · 0          |                  | X                 | 9=          |                        | OR        | X\$18=                        |                         |  |
| ⊢  | EPENDENT CI  |   | 2 minus 3 = * |                                | 0            |                  | X                 | 10=         | ·                      | OR        | X80=                          |                         |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                       |  |   |               |                                |              |                  | +1                | 35=         | ,                      | OR        | +270=                         |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column |  |   |               |                                |              | olumn 2          | ТО                | TAL         |                        | OR        | TOTAL                         | 710                     |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)           |  |   |               |                                |              |                  | SM                | ALL         | ENTITY                 | OR .      | OTHER<br>SMALL I              |                         |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>:PREVIC<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RA                | TE          | ADDI-<br>TIONAL<br>FEE | ·         | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
| 2  | Total  | *   | Minus         | **                             |              | =                | X\$               | 9=          |                        | OR        | X\$18=                        |                         |  |
| AME  | Independent  | *   | Minus         | ***                            | CLAIM        | =                | X4                | 0=          |                        | OR        | X80=                          |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |  |   |               |                                |              |                  |                   | 35=         | : "= "                 | OR        | +270=                         |                         |  |
|  |  |   |               |                                |              |                  | ADDIT             | OTAL        |                        | OR        | TOTAL<br>ADDIT. FEE           |                         |  |
|  |  | (Column 1)                                | 1000          | (Colur                         |              | (Column 3)       |                   |             |                        |           |                               |                         |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA | RA                | TE          | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADD:1-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus         | **                             |              | =                | X\$               | 9=          |                        | OR        | X\$18=                        |                         |  |
| AME  | Independent  | *   | Minus         | ***                            | CLAIN        | =                | X4                | 0=          |                        | OR        | X80=                          |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |  |   |               |                                |              |                  |                   | 35=         |                        | OR        | +270=                         |                         |  |
|  | 4  |   |               |                                |              |                  |                   | OTAL<br>FEE |                        | OR        | TOTAL<br>ADDIT. FEE           |                         |  |
|  |  | (Column 1)                                |               | (Colur                         |              | (Column 3)       | AUUII             | . 1 4.4 1   |                        |           | ADDII.1 LL;                   |                         |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA | RA                | TE          | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total  | *   | Minus         | **                             |              | =                | X\$               | 9=          |                        | OR        | X\$18=                        | 17                      |  |
| AM   | Independent  | *<br>ENTATION OF MI                       | Minus         | PENDENT                        | CLAIM        | =                | X4                | 0=          |                        | OR        | X80=                          |                         |  |
|  |  |   |               |                                |              |                  | +13               | 5=          |                        | OR        | +270=                         |                         |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |                                |              |                  |                   |             |                        |           |                               |                         |  |

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